

MAY 05 2005

NEEDLE & ROSENBERG

IMPORTANT FAX DOCUMENT

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NEEDLE & ROSENBERG PC  
SUITE 1000  
999 PEACHTREE STREET  
ATLANTA, GEORGIA 30309-2915  
678-420-9300  
NEEDLEROSENBERG.COM

DATE May 5, 2005  
NAME Examiner Barbara N. Burgess  
COMPANY USPTO  
FAX NUMBER (703) 872-9306

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FROM Gregory J. Kirsch  
REFERENCE NO. Serial No. 09/742,091  
OUR FAX NUMBER 678-420-9301  
NUMBER OF PAGES 18

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Please see attached.

CONFIDENTIALITY NOTE

*The information which follows and is transmitted herewith is attorney privileged, trade secret and confidential information intended only for viewing and use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any review, use, communication, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the above address.*

**ATTORNEY DOCKET NO. 16178.0003U1**  
**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of	)	
	)	
<b>Bauer, et al</b>	)	Art Unit: 2157
	)	
Application No. 09/742,091	)	Examiner: Barbara N. Burgess
	)	
Filing Date: December 22, 2000	)	Confirmation No. 6999
	)	
For: "METHOD AND SYSTEM OF	)	
COLLABORATIVE BROWSING"	)	

**TRANSMITTAL LETTER**

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.  
Customer Number 23859

May 5, 2005

Sir:

Transmittal herewith is/are the following in the above-identified application:

- |   |   |
|---|---|
| <input type="checkbox"/> Preliminary Amendment              | <input checked="" type="checkbox"/> Petition to Extend Time |
| <input checked="" type="checkbox"/> Fee as calculated below | <input type="checkbox"/> Supplemental Declaration           |
| <input type="checkbox"/> No Additional Fee Required         | <input type="checkbox"/> Terminal Disclaimer                |
| <input type="checkbox"/> Corrected Drawings                 | <input type="checkbox"/> Other _____                        |

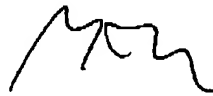
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID F	PRESENT EX	RATE		ADDITIONAL FEE
Total Claims	20	28	0	X	\$50.00	\$0.00
Independent Claims	2	3	0	X	\$200.00	\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+	\$360.00	\$0.00
EXTENSION FEE	1 <sup>st</sup> Month \$120 <input type="checkbox"/>	2 <sup>nd</sup> Month \$450 <input type="checkbox"/>	3 <sup>rd</sup> Month \$1020 <input checked="" type="checkbox"/>	4 <sup>th</sup> Month \$1590 <input type="checkbox"/>	5 <sup>th</sup> Month \$2160 <input type="checkbox"/>	\$1,020.00
<input type="checkbox"/> Reduction by 1/2 for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -						- \$510.00
<b>TOTAL FEE DUE</b>						<b>\$510.00</b>

272049

**ATTORNEY DOCKET NO. 16178.0003U1**  
**APPLICATION NO. 09/742,091****Payment:**

- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☒ Payment by credit card in the amount of **\$690.00** for the fees designated below:  
**\$510.00** – three month extension of time; **\$180.00** for filing Information Disclosure Statement pursuant to 37 C.F.R. §1.92(c)(2). (Form PTO-2038 enclosed).  
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$\_\_\_\_\_ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☐ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

NEEDLE &amp; ROSENBERG, P.C.

Gregory J. Kirsch  
Registration No. 35,572NEEDLE & ROSENBERG, P.C.  
Customer Number 23859  
(678) 420-9300  
(678) 420-9301 (fax)**CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. § 1.8**

I hereby certify that this correspondence, including any items indicated as attached or included, is being transmitted via facsimile transmission to:  
Examiner Barbara N. Burgess, Art Unit 2157, (703) 872-9306, on the date indicated below.

Gregory J. Kirsch

Date

5 MAY 2005